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HEPTON
Rural District Council

The
Annual Report

of the
MEDICAL OFFICER OF HEALTH
(J. LYONS,
M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.)

and the
SANITARY INSPECTOR
(W. SMITH,
M.S.I.A., C.R.S.I.)

for 1950

HEBDEN BRIDGE:
KERSHAW & ASHWORTH LTD., MARKET STREET

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Public Health Staff

HEPTON R.D.C.

Medical Officer of Health—

J. LYONS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health—

G. A. WILTHEW, M.B., B.S., B.Sc.

Sanitary Inspector—

W. SMITH, M.S.I.A., C.R.S.I.

WEST RIDING COUNTY COUNCIL

Preventive Medical Services : Health Division 19.

Staff with duties in the Hepton Rural District.

Divisional Medical Officer—As above (M.O.H.)

Deputy Divisional Medical Officer—As above (Deputy M.O.H.).

Medical Officer to Hebden Bridge Maternity and Child Welfare Clinic—

MADELEINE A. DOWDALL, M.B., Ch.B.,
Hebden Bridge ;

School Dental Officer—

J. TODD, L.D.S.

Health Visitors—

M. HILL, S.R.N., S.C.M., R.F.M.
(commenced 1st April, 1950)

Tuberculosis Health Visitor—

B. G. NICHOLL, S.R.N.

Mental Health Social Worker—

Vacant.

Midwife—

M. COGAN, S.R.N., C.M.B.

Home Nurse—

I. COLLUMBELL, S.R.N., C.M.B.

HALIFAX AREA HOSPITALS MANAGEMENT COMMITTEE

Consultant Staff—

Chest Physician:

BERTRAM MANN, B.Sc., M.D., D.P.H.

Ear, Nose and Throat Surgeon:

W. O. LODGE, M.D., F.I.C.S., F.R.C.S.(Edin.).

Ophthalmic Surgeon:

P. M. WOOD, M.B., Ch.B., M.R.C.P., D.O.M.S.

Orthopaedic Surgeon:

G. HYMAN, M.B., F.R.C.S.

HEPTON RURAL DISTRICT COUNCIL

ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH

Abraham Ormerod Medical Centre,
Todmorden,
October, 1951.

To the Chairman and Members of the Council

Ladies and Gentlemen,

I have the honour to present the fourth Annual Report since the inception of the scheme of Divisional Health Administration. Under this arrangement your Medical Officer of Health is also Divisional Medical Officer for the West Riding County Council's local health services and has similar functions in the Borough of Todmorden and the Urban Districts of Hebden Royd, Sowerby Bridge and Ripponden. The scheme has, I think, led to a closer integration of all local authority health services.

The opening paragraphs of the Medical Officer's Annual Report are by tradition devoted to a survey of the vital statistics for the year, and there can be no doubt that a mere glance at these figures gives cause for considerable satisfaction. We can see that maternal mortality continues to be absent, that infant mortality is exceptionally low, that remarkably few of our school children show evidence of malnutrition or ill-health, and that (tuberculosis apart) deaths from infectious disease are non-existent. But so-called "vital" statistics are in fact cold and impersonal; they are more concerned with the dead than with the living; they cannot measure human joy or misery, and the picture they portray sometimes shows nothing of the most significant features of the community's health and morale. Such is the case in the Calder Valley in 1950, the statistics reflecting nothing of the unhappiness and unnecessary suffering of more than a few old folk in this district. Indeed, it is in considering the position of the aged that we come across the major public health problem of the year.

As an example of what is all too commonly encountered, I must relate the history of Mrs. X, of Calder Valley. Mrs. X was nearly 80 years of age when I first met her in 1949. I was told that, in her younger days, she had been an active and intelligent lady with all the sturdiness and independence of spirit so characteristic of the Calder Valley womenfolk of her generation. The death of her husband about 10 years ago was a serious blow, especially as it left her alone in the world, her other near-relatives having either died or moved out of the district. She was, however, determined to carry on and sought assistance from no one. But grit and independence cannot indefinitely stave off the age of "the lean and slipper'd pantaloon." Mrs. X discovered that her energy and activity were waning fast. Her domestic chores became an ever-increasing burden; her home, formerly a bright and flawless jewel of domestic pride, gradually became dull, drab and, later on, dirty. Her personal appearance and habits suffered too, deteriorating to the point where she was constantly grimy and dishevelled. Mrs. X was—at first—fully conscious of her limitations but, with the passage of years, her critical faculties faded and she became increasingly unaware of the morass into which she was sinking. Independence, although a virtue in the young, often becomes a perilous obsession in the aged. This is particularly so where, as in the case of Mrs. X, loneliness and lack of outside interests stimulate and accelerate the mental changes of old age. And so, when assistance was offered by neighbours and by the Health Department, Mrs. X protested that she was quite capable of managing her own affairs. Had the local Old People's Welfare Committee been as admirably active then as it is now possibly something might have been done to draw Mrs. X out of this "hermit complex." Frequent social visits by kindly and understanding volunteers, the occasional gift of some much-needed "comfort," a few words of cheer now and then, happy afternoons at the Old People's Social Club—all or any of these things might have helped, but none were available at that time. It was not surprising, therefore, that things went from bad to worse. The combination of physical weakness and mental apathy led to further complications. Shopping became difficult, sometimes impossible, and Mrs. X's diet gradually deteriorated both in quality and quantity. This in turn further weakened her general condition and the vicious circle now revolved with ever-increasing rapidity. Mrs. X, withered, half-starved and half-demented, began to spend most of the day in bed. Neighbours called in occasionally to make a drink or bring some bread: they kept her alive—but that was all. The services of a Home Help were refused, though even if she had accepted, it

may have proved difficult to provide adequate help due to difficulties experienced in this area in the recruitment of home helps. Both Mrs. X and her house became filthy and disgusting, and it was only after persistent efforts that her doctor persuaded her to agree to admission to an institution. In the "bad old days" of the Poor Law this would have been the final episode in the life of Mrs. X but, alas, in this enlightened era of the Welfare State, no such comfortable conclusion was reached. The Welfare Officer had to explain to the doctor that only ambulant and relatively fit old persons could be admitted to a Welfare Institution; the only thing left for Mrs. X was admission to hospital. A hospital official, a kindly but frustrated gentleman, apologetically informed the doctor that no beds were immediately available for the aged sick. Her name could, of course, be placed on the waiting list and she would be admitted in weeks or months, depending on the degree of urgency. Immediate admission was only possible for "acute" medical or surgical emergencies. Unfortunately Mrs. X did not fit into these categories; she did not require an operation or special medical investigation or emergency treatment—she was a *social* emergency, merely requiring round-the-clock nursing care and attention and, strangely enough, the hospitals were unable to provide this simple unspecialised service for her. It seemed to the doctor that, had she been sufficiently fit and active to fall downstairs, she might have been admitted as a surgical emergency, but poor Mrs. X could not even make this final gesture to bureaucracy.

With the assistance of the Health Department the hospital authority was made fully aware of the circumstances of Mrs. X, and it was agreed that her name should be put high up on the waiting list. With characteristic independence, Mrs. X passed away before she could be admitted. She died miserably and ignominiously, alone and unattended, surrounded only by the atmospheric stench of a neglected sickbed and the drab and dirty remnants of a once resplendent household.

This is a tragic story, but, one regrets to state, by no means unique. Not a week passes by in this office without my receiving one or more reports of similar cases of varying degrees of social urgency. Investigation by the Divisional Health Department in 1950 of nearly one hundred cases on the hospital waiting list revealed that one out of every three aged persons urgently requiring admission died before admission was possible. Every such case is a serious blow to our accepted standards of civilisation and also a challenge both to our public services (whether voluntary or statutory) and individual consciences.

There are very few social problems which cannot either be prevented or remedied. In the case of infirm and lonely old people I would suggest in the first place that there is a responsibility on every individual to take a more active interest in the welfare of the aged. There must be more tolerance, more understanding, and a real desire to help even if it involves financial or other sacrifice. Secondly, there is need for still further expansion of voluntary organisations which can do much to ease the burden of handicapped old people and so slow down or even prevent a rapid decline into helplessness. The provision of comforts, recreational facilities, meals, and special services not covered by statutory machinery, e.g., chiropody, are all functions which could come well within the scope of an active voluntary organisation. Finally, the public authorities must examine closely the services they provide for the aged. Domiciliary services (including home nursing, health visiting and home helps) must be maintained at a high level of efficiency and extended where appropriate. The home help service should be made sufficiently attractive as a career to overcome recruiting difficulties: it could be extended to include evening and occasionally even night work where specially required. Old people are inevitably happier if they can be adequately cared for in their own homes and a more comprehensive and efficient domiciliary service would make this possible in a greater number of cases. Institutional and hospital care will, however, still often be required and it is a matter of concern that the administration of welfare institutions and hospitals is so sharply divided. Hospital authorities should not be placed in the position where they have to decide whether they should give beds to operation cases or to old persons who do not require any specialised hospital service but are not considered fit enough to be in a welfare institution. The care of the aged chronic sick should be a responsibility not of the hospital authority, but of the welfare authority. Sick bays or infirmaries (using this word in a strict literal sense) could be attached to every welfare institution and patients only admitted to ordinary hospitals when specialised medical or surgical treatment or investigation is required.

Another public health problem still causing concern is that of tuberculosis. It will be noted that in the Hepton Rural district there were 5 new cases notified in 1950 and 1 death. The five notifications were all in respect of persons under the age of 35 years. Early in 1950 a mass radiography survey of adults and a tuberculin survey of children (under the aegis of the Medical Research Council) were carried out. A full report of these surveys has already been presented by me to your Council and I will not on this occasion dwell further on

the details. Suffice to say that the results of the adult survey in the combined Hebden Royd-Hepton district indicated that 2-3 out of every 1,000 adults examined were found to be suffering from active disease requiring hospital treatment. This incidence is slightly less than in many other districts, but gives no grounds whatsoever for complacency.

A start was made in 1950 with vaccination against tuberculosis using B.C.G. vaccine. Acting on Ministry of Health recommendations, the scheme is so far limited to the vaccination of those at special risk, in particular susceptible child contacts of known cases of tuberculosis. Too much reliance should not, however, be placed on the value of B.C.G. in eliminating this scourge. The level of immunity conferred cannot, for example be compared with that resulting from diphtheria immunisation. But B.C.G., if more widely used, could lead to some reduction in the number of those suffering from the disease. The principle armoury of defence against the spread of tuberculosis must remain, as ever, an adequate standard of housing and nutrition in the whole population. Because of circumstances beyond the control of your Council, progress in housing has not been as rapid as one would wish, though the Council deserves congratulation for having been able to complete 79 new houses during 1950. This figure compares favourably with that of many larger authorities.

In conclusion, I wish to thank the members of the Council for their kindness, patience and co-operation, and to thank Mr. Smith, Sanitary Inspector, for his kindness and most willing assistance in helping me to tackle the numerous problems of the Health Department.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. LYONS,

M.B., Ch.B., M.R.C.S.,
L.R.C.P., D.P.H.

Medical Officer of Health.

SECTION I

Vital Statistics

Statistics—

Area : 21,769 acres.

Population : Registrar-General's estimate of Resident
Population, mid-1950, 3,790.

Number of dwelling houses : 1,651.

Rateable Value : £34,340.

Product of a penny rate : £135.

Summary of Vital Statistics—

	Total	M	F	
Live Births— Legitimate Illegitimate	49 1	24 1	25 —	Birth Rate per 1,000 of the estimated resident Population: 13.2
Still Births— Legitimate Illegitimate	— —	— —	— —	Rate per 1,000 total (live and still) births: Nil.
All Deaths	40	19	21	Death Rate per 1,000 of the estimated resident population: 10.6
Deaths of infants under 1 year— Legitimate Illegitimate	— 1	— 1	— —	Infant Mortality Rate (Deaths under 1 year per 1,000 live births): 20.0

CAUSES OF DEATH IN HEPTON RURAL DISTRICT

1950

CAUSE OF DEATH					M.	F.
1.	Tuberculosis, respiratory	...	...	...	—	1
2.	Tuberculosis, other	...	...	...	—	—
3.	Syphilitic disease	...	...	...	—	—
4.	Diphtheria	...	...	...	—	—
5.	Whooping Cough	...	...	...	—	—
6.	Meningococcal infections	...	...	...	—	—
7.	Acute Poliomyelitis	...	...	...	—	—
8.	Measles	...	...	...	—	—
9.	Other infective and parasitic diseases	...	...	...	—	—
10.	Malignant neoplasm, stomach	...	..	...	—	—
11.	Malignant Neoplasms, lung, bronchus	...	...	...	—	—
12.	Malignant Neoplasm, breast	...	...	...	—	1
13.	Malignant Neoplasm, uterus	...	...	...	—	—
14.	Other malignant and lymphatic neoplasms	...	2	...	2	2
15.	Leukaemia, aleukaemia	...	...	...	1	—
16.	Diabetes	...	...	...	—	1
17.	Vascular lesions of nervous system	...	...	...	3	1
18.	Coronary disease, angina	...	...	...	4	1
19.	Hypertension with heart disease	...	...	...	—	2
20.	Other heart disease	...	...	...	1	7
21.	Other circulatory disease	...	...	...	2	—
22.	Influenza	...	...	...	—	—
23.	Pneumonia	...	...	...	—	—
24.	Bronchitis	...	...	...	1	—
25.	Other diseases of respiratory system	...	...	...	—	1
26.	Ulcer of stomach and duodenum	...	..	...	2	—
27.	Gastritis, enteritis and diarrhoea	...	...	...	—	—
28.	Nephritis and nephrosis	...	...	...	—	2
29.	Hyperplasia of prostate	...	...	..	—	—
30.	Pregnancy, childbirth, abortion	...	...	...	—	—
31.	Congenital malformations	...	...	...	—	—
32.	Other defined and ill-defined diseases	...	...	...	—	2
33.	Motor vehicle accidents	...	...	...	—	—
34.	Suicide	...	...	...	—	—
35.	Homicide and operations of war	..	...	...	—	—
36.	All other accidents	...	...	...	3	—

TOTAL, ALL CAUSES 19 21

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1950

Based on Registrar-General's Figures

	Hepton Rural District	Aggregate West Riding Urban Districts	West Riding Admin. County	England and Wales (Provisional figures)
BIRTH RATE:— (per 1,000 estimated population)	13.2	15.9	16.3	15.8
DEATH RATES:— (All per 1,000 estimated population). All Causes.	10.6	12.4	11.8	11.6
Infective and Parasitic Diseases*	Nil	0.10	0.10	**
Tuberculosis of Respiratory System	0.26	0.26	0.26	**
Other forms of Tuberculosis	Nil	0.04	0.04	0.04
Respiratory Diseases:— † (excluding tuberculosis of respiratory system)	0.53	1.26	1.18	**
Cancer	1.58	1.94	1.83	1.99
Vascular lesions of the nervous system	1.06	1.70	1.59	**
Heart and Circulatory Diseases ‡	4.49	4.66	4.39	**
INFANT MORTALITY:— (Deaths under one year per 1,000 live births)	20	33	35	30
MATERNAL MORTALITY:— (Deaths of mothers in childbirth per 1,000 live and still births).	Nil	0.95	0.98	0.86

*Combined death rate from syphilitic diseases, acute poliomyelitis, meningococcal infections, diphtheria, measles, whooping cough, and other infective and parasitic diseases.

†Combined death rate from influenza, bronchitis, pneumonia and other respiratory diseases, excluding tuberculosis of the respiratory system.

‡Combined death rate from heart disease and other diseases of the circulatory system.

**Figures not available.

Principal Vital Statistics for the year 1950 :

Based on Registrar General's Figures

Comparison with neighbouring districts in County Health Division 19	Hepton R.D.	Hebden Royd U.D.	Todm'den M.B.	Sowerby Br'ge U.D.	Ripponden U.D.
BIRTH RATE:— (per 1,000 estimated population)	13.2	16.4	14.6	15.8	14.5
DEATH RATES:— (All per 1,000 estimated population). All Causes.	10.6	17.6	15.6	14.0	13.3
Infective and parasitic diseases *	—	0.29	0.10	0.21	0.38
Tuberculosis of respiratory system	0.26	0.38	0.31	0.32	—
Other forms of tuberculosis	—	—	—	—	0.19
Respiratory Diseases:—†	—	—	—	—	—
(excluding tuberculosis of respiratory system)	0.53	1.43	2.12	1.37	0.38
Cancer	1.58	2.39	1.92	1.68	1.50
Heart and circulatory diseases‡	4.49	8.13	5.18	5.15	6.58
Vascular lesions of nervous system	1.06	2.01	2.54	2.31	2.07
INFANT MORTALITY:— (Deaths under one year per 1,000 live births)	20	17	14	23	52
MATERNAL MORTALITY:— (Deaths of mothers in childbirth per 1,000 live and still-births)	—	—	—	—	—

* Combined death rate from syphilitic diseases, acute poliomyelitis, meningococcal infections, diphtheria, measles, whooping cough, and other infective and parasitic diseases.

† Combined death rate from influenza, bronchitis, pneumonia and other respiratory diseases, excluding tuberculosis of the respiratory system.

‡ Combined death rate from heart disease and other diseases of the circulatory system.

SECTION II

General Provision of Health Services

A. Hospitals

There is no hospital in Hepton District. Patients requiring hospital treatment are referred as a rule to hospitals under the administration of the Halifax Hospitals Management Committee (National Health Service). Included in this group are the Halifax General Hospital, Royal Halifax Infirmary, St. John's Hospital (for the aged and chronic sick), Northowram Hospital for Infectious Diseases, Shelf Sanatorium, Todmorden Fielden Hospital (for long stay medical cases in children), and Todmorden Stansfield View Institution (for mental defectives).

Maternity beds are available at both the Halifax General and Royal Infirmary. Priority in booking is given to abnormal cases, mothers expecting their first child, and mothers with unsatisfactory home conditions.

Special hospitals (e.g., Mental Hospitals, special Orthopaedic Hospital, Tuberculosis Sanatoria, etc.) outside the Halifax area are available when required ; they are situated in various parts of the so-called " Leeds Hospital Region " which in fact extends into all three Ridings.

B. Professional Nursing in the Home

The West Riding County Council employs two nurses who reside at the Nurses' Home, Hebden Bridge, and their area includes the Hepton Rural District. One nurse is responsible for the midwifery work in the district and the other nurse for the home nursing.

C. Ambulance Facilities

The County Council took over the control of the ambulance formerly provided by the Hebden Royd and Hepton Joint Ambulance Committee towards the end of 1947 in anticipation of the operation of the National Health Service Act, 1948. The ambulance was transferred to the Depot at Todmorden, in October, 1950, and it is now operated from there.

D. Clinics and Treatment Centres

There are no clinics or treatment centres in the Hepton Rural District, but mothers and children resident in the area can attend the Pitt Street Clinic, Hebden Bridge.

E. Laboratory Facilities

These are provided by the Public Health Laboratory Service (directed by the Medical Research Council for the Ministry of Health) at a central laboratory in Wakefield.

F. Issue of Anti-Toxin, etc.

Supplies of diphtheria and tetanus anti-toxin are available at the Halifax Isolation Hospital and the Halifax General Hospital for issue to medical practitioners requiring it. By arrangement with the Regional Hospital Board supplies are also kept at the Divisional Health Office, The Medical Centre, Todmorden, for the use of local medical practitioners in the division. A supply of reagents for diphtheria immunisation is also available free of charge to private practitioners who have undertaken to participate in the West Riding County Council's scheme of immunisation.

SECTION III

W.R.C.C. PREVENTIVE HEALTH SERVICES

A. Care of Mothers and Young Children

HOME VISITING OF INFANTS

Total number of live births to Hepton mothers	...	50
Number of first visits to children under 1 year	...	33
Total number of visits to children under 1 year	...	260
Total number of visits to children aged 1—5 years	...	306

Day Nursery Accommodation

There is a Day Nursery situated in the centre of Hebden Bridge to which children from the Hepton Rural District can be admitted. Admission to the nursery is granted according to the following priorities:—

- (a) The young child whose mother is ill or having a baby.
- (b) The illegitimate child whose mother is seeking work
- (c) Children of parents who cannot find suitable homes or are living in overcrowded and/or insanitary dwellings.
- (d) The young child of the widow who must educate and support the family unassisted, and also the young child of the mother whose husband is ill.

Care of Premature Infants

Special equipment and nursing staff are available for use in the home in cases requiring them.

Provision of Maternity Outfits

These are provided free to mothers preparing for confinement in their own homes.

B. Midwifery Service

Number of confinements at home	...	...	...	25
Number of confinements in hospital	...	...	...	25

C. Home Nursing Service. See Section II.

D. Ambulance Service. See Section II.

E. Health Visiting

The duties of the Health Visitor are combined with those of School Nurse. In pursuance of the National Health Service Act the scope of this service includes home visiting for the purpose of giving advice as to the care of children and persons (including

adults) suffering from illness, and of expectant and nursing mothers. The Health Visitor also gives advice in the home as to measures necessary to prevent the spread of infection.

F. Home Helps

A little progress was made in the development of the Home Help Service and during the year seven cases in the Hepton Rural District were attended by home helps, the total number of hours worked being 296. There were two part-time home helps resident within the area during the latter half of 1950.

G. Care and After Care

Special provisions are in operation for the care and after care of patients suffering from tuberculosis, mental illness or defect, venereal disease, and other illnesses.

H. School Health Service

Number of schools in district	...	...	...	...	3
Number of children in attendance at school at end of 1950					233
Number of children examined at school during 1950	...				49
this figure being made up as follows :—					
Routine examinations	...	...	...	...	32
Additional children specially examined at request of parents	...	...	...	...	0
Re-examinations	...	...	...	...	17
Number of above children referred for treatment				...	3

I. Immunisation and Vaccination

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against smallpox may be done either at the clinic or by the family doctor.

Number of Children in Hepton Rural District who had completed a full course of Immunisation at any time to 31-12-50

Age	Under 1	1	2	3	4	5 to 9	10 to 14	Total under 15
	4	34	22	67	39	203	101	470
	166					304		
Estimated Mid-year population	292					430		722

Number of Children in Hepton Rural District who completed a full course of Immunisation 1950

	0-1	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Began and completed Injections 1950	4	22	-	-	-	1	-	-	-	-	-	-	-	-	-
Total 27															
Immunised in previous years re-treated 1950	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Total 1															

SECTION IV

INFECTIOUS DISEASES

Summary of Notifications received in year 1950

DISEASE	Total Cases Notified					
Scarlet fever	4
Whooping cough	12
Acute poliomyelitis	—
Measles	15
Diphtheria	—
Acute pneumonia	—
Dysentery	—
Smallpox	—
Acute encephalitis	—
Enteric or typhoid fever	—
Paratyphoid fevers	—
Erysipelas	1
Meningococcal infection	—
Food poisoning	—
Puerperal pyrexia	—
Ophthalmia neonatorum	—
Pulmonary tuberculosis	5
Other forms of tuberculosis	—
						37

Tuberculosis

The number of new cases notified during 1950 are given in detail in the following table :—

AGE PERIOD	NEW CASES			
	Respiratory		Non-Respiratory	
	M.	F.	M.	F.
0— I	—	—	—	—
I— 5	—	—	—	—
5—10	—	—	—	—
10—15	1	1	—	—
15—20	1	—	—	—
20—25	—	—	—	—
25—35	1	1	—	—
35—45	—	—	—	—
45—55	—	—	—	—
55—65	—	—	—	—
65 and over	—	—	—	—
Totals	3	2	—	—

ANNUAL REPORT

OF THE

SANITARY INSPECTOR

Year ending December 31st, 1950

Health Department,
District Bank Chambers,
Hebden Bridge.

**To the Chairman and Members of the
Hepton Rural District Council**

Mr. Chairman and Members,

I beg to submit my Annual Report as Sanitary Inspector to the Hepton Rural District Council for the year 1950.

Water Supplies

The only parts of the district provided with the Council's water supply are the village of Heptonstall, the Edghey Green and Colden District and certain houses in Wadsworth, Heptonstall and Erringden, which fringe on the Hebden Royd U.D.C.'s area, and are supplied by that authority.

In all, some 687 houses are supplied with water from these supplies direct to the houses, no houses being supplied by means of stand pipes.

Heptonstall Supply

This supply is purchased in bulk from the Halifax Corporation and is pumped from their filter house at Hollin Hall, Wadsworth, to the Council's service reservoir at Cross Hill, Heptonstall, by means of an electrically operated centrifugal pump.

The consumption of water since the installation of the supply has been as follows:—

1933-34	...	...	...	...	1,939,000	gallons
1934-35	...	...	...	...	2,432,000	„
1935-36	...	...	...	...	2,326,000	„
1936-37	...	...	...	...	2,828,000	„
1937-38	...	...	...	...	2,326,000	„
1938-39	...	...	...	...	2,445,000	„
1939-40	...	...	...	...	3,656,000	„
1940-41	...	...	...	...	4,601,000	„
1941-42	...	...	...	...	4,450,000	„
1942-43	...	...	...	...	4,897,000	„
1943-44	...	...	...	...	4,921,000	„
1944-45	..	...	...	...	4,950,000	„
1945-46	...	...	...	...	4,905,000	„
1946-47	...	...	...	...	5,522,000	„
1947-48	...	...	...	...	5,720,000	„
1948-49	...	...	...	...	6,574,000	„
1949-50	...	...	...	...	6,076,800	„

Colden Supply

This supply is obtained from a well at Edghey Green and is pumped into an elevated storage tank. This supply is not adequate and has failed again on several occasions during the year.

Work on a scheme to extend the mains supply from Heptonstall has been commenced.

Charlestown

Some of the existing supplies in the Charlestown area are inadequate and polluted. The Knott Wood supply failed once during the year. The district is within the statutory limits of supply of the Todmorden Corporation. The negotiations with Todmorden Corporation are still proceeding.

Wadsworth

Apart from a few houses supplied from the neighbouring Hebden Royd U.D.C. there are no publicly owned supplies in this parish.

The Hepton and Hebden Royd Joint Water Scheme, commenced two years ago, is now nearly complete, and service connections to houses are being made.

Number of samples taken for:—

(a) Bacteriological examination	...	...	...	12
Satisfactory	...	...	...	10
Unsatisfactory	...	...	...	2
(b) Chemical examination	...	...	...	1
Satisfactory	...	...	...	1
Unsatisfactory	...	...	...	—

Drainage and Sewerage

A small sewage scheme and disposal works for 18 new houses at Colden has been constructed during the year.

Work on the drainage scheme for the Parish of Wadsworth was commenced in May of this year.

Closet Accommodation

Number of privies with open middens	...	...	...	8
Number of pail or tub closets	...	...	...	480
Number of privies with covered middens	...	...	...	51
Number of water closets	...	...	...	583
Number of waste water closets	...	...	...	Nil
Number of privies reconstructed during 1950 as:—				
(a) W.C.'s	...	...	...	Nil
(b) Other	...	...	...	1
Number of closets, other than privies reconstructed during 1950 as W.C.'s	...	...	...	5
Number of additional closets provided for old property in 1950 as:—				
(a) W.C.'s	...	...	...	Nil
(b) Other	...	...	...	2
Number of closets constructed in 1950 for new houses:				
(a) W.C.'s	...	...	...	139
(b) Other	...	...	...	Nil
Total number of closets in district	...	...	...	1122
Percentage of closets on water carriage system	...	...	...	52%

Grants of £7 10s. 0d. are made by the Council for conversion of privies, waste water closets and pails to W.C. system.

Public Cleansing

Public cleansing and refuse disposal was carried out during the year at a cost of £2,792.

No salvage was collected during the year.

During the year 58 dustbins were provided to properties and 11 renewals were made under the Council's scheme.

Housing

Number of dwelling houses in the district	1651
Number of back-to-back houses included in above...	160

Inspection of dwelling houses during the year:—

1. (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 57
- (b) Number of inspections made for the purpose ... 57
2. (a) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations... .. Nil
- (b) Number of inspections made for the purpose ... Nil
3. Number of dwelling houses needing further action:—
 - (a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation 20
 - (b) Number (excluding those in sub-head (3) (a) above) found not to be in all respects reasonably fit for human habitation 23

Remedy of defects during the year without service of formal notices:—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	10
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Housing Act, 1936, Part IV, Overcrowding:—

Number of new cases of overcrowding reported during the year	—
Number of cases of overcrowding relieved during the year	—
Number of persons concerned in such cases	—

New Houses

Number of new houses provided during the year:—

By the Local Authority: Permanent Type	79
Temporary Type	Nil
By Private Enterprise	Nil

Nuisances

The number of nuisances investigated during the year, as a result of complaint or found during routine inspection, was 50, and in addition, 35 were outstanding at the end of 1949, total 85. Of these, 55 have been abated, leaving 30 outstanding.

Abatement of the nuisances was secured by informal action, except in one case where a statutory notice was issued.

Routine Sanitary Inspection

					Visits
Fried Fish Shops	...	...	...	...	4
Bakehouses	...	...	...	...	4
Refuse Collection	...	...	...	...	10
Refuse Disposal	...	...	...	...	6
Factories	...	...	...	...	10
Shops	...	...	...	...	4
Public Conveniences	...	...	...	...	12
Petroleum Stores	...	...	...	...	6
Schools	...	...	...	...	3
Dangerous Buildings	...	...	...	...	4
Public Houses	...	...	...	...	4
Drainage	...	...	...	...	10
Water Supplies	...	...	...	...	12

Tents, Vans, Sheds

There are 32 living vans in the district which are mainly used for week-end holiday purposes only.

Milk Supply

Most of the retail milk sellers in the district are also producers and since the coming into operation of the Food and Drugs (Milk and Dairies) Act, 1944, they are not registered with the Local Authority but by the Ministry of Agriculture and Fisheries.

No. of Retail Milk Sellers registered 15

Meat Inspection

There is no public abattoir in the district and the two private slaughter houses are still not in use. There was no unsound meat or food seized or surrendered during the year.

In conclusion, I wish to thank the Chairman and Members of the Council for the assistance rendered to me in the carrying out of my duties. I wish also to express my appreciation for the advice given to me by the Medical Officer of Health.

I remain, Gentlemen,

Yours respectfully,

WALTER SMITH,

M.S.I.A., C.R.S.I.

Sanitary Inspector and Surveyor.



